

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

FORM NO. 10 / 624868 FILING DATE 11-22-83  
APPLICANT

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS								
NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP
1														
2	1		1											
3		2	1											
4		3			5									
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50														
TOTAL IND.	2		3											
TOTAL DEP.	8		24											
TOTAL CLAIMS	10		27											